

**Table 20.1-1 MARX Transaction Reply Codes**

\*Type codes: A=Accepted; M=Maintenance; P=Pending; R=Rejected/Failed (Depending on the values in a given field, a transaction may be either Rejected or Failed. For example, TR037 may be a reject if the date in the transaction is too far in the future, but a failure if the date field contains non-numeric characters. To keep this Table simple, only the 'R' label will appear in the 'Type' column).

Code/ Type*	Title	Short Definition	Definition
001  R	Invalid Transaction Code	BAD TRANS CODE	<p>A transaction attempted to process. The transaction was rejected, because the input transaction code was an invalid value. Valid transaction code values are 01, 51, 60, 61, 71 and 72. The transaction should be resubmitted with a valid transaction code.</p> <p><i>NOTE: Tran Codes 30 &amp; 31 are valid for pre-2004 adjustments</i></p>
002  R	Invalid Correction Action Code	BAD ACTION CODE	<p>A correction transaction attempted to process. The transaction was rejected, because the supplied action code was an invalid value. The valid action code values are D, E, F and G. The transaction should be resubmitted with a valid action code.</p>
003  R	Invalid Contract Number	BAD CONTRACT #	<p>An enrollment, disenrollment, correction, or demonstration factor update transaction attempted to process. The transaction was rejected because no current record was found in the contract file for the input contract number.</p> <p><i>NOTE: Description is not on CMS website. Based on input from iCORP.</i></p>

Code/ Type*	Title	Short Definition	Definition
004  R	Beneficiary Name Required	NEED MEMB NAME	An enrollment, disenrollment, or PBP change transaction attempted to process. The transaction was rejected, because a match could not be found for the beneficiary and the beneficiary name was not included on the transaction record. The transaction should be resubmitted with beneficiary name included.
005  R	Invalid Sex Code	BAD SEX CODE	A demonstration factor update transaction attempted to process (trans code 30 or 31). The transaction was rejected because the value in the sex field was not 0, 1 or 2.  <i>NOTE: Description is not on CMS website. Based on input from iCORP.</i>
006  R	Invalid Birth Date	BAD BIRTH DATE	A demonstration factor update, enrollment, disenrollment, or PBP change transaction attempted to process. The transaction was rejected because a match could not be found for the beneficiary and the value in the date of birth field was not a valid date in the format YYYYMMDD.  <i>NOTE: Description is not on CMS website. Based on input from iCORP.</i>
007  R	Invalid Claim Number	NO MATCH—HICN	An enrollment, disenrollment, PBP change, or correction transaction attempted to process. The transaction was rejected, because the claim number was not in a valid format. The valid format for a claim number could take one of two forms: 1. HICN is an 11 position value, with the first 9 positions numeric and the last 2 positions alphanumeric. 2. RRB is a 7 to 12 position value, with the first 1 to 3 positions alpha and the last 6 or 9 positions numeric. The transaction should be resubmitted with a valid claim number (HICN) or RRB.

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
008 R	Beneficiary Not Found	BENE NOT FOUND	A transaction attempted to process. The transaction was rejected, because the claim number was not found in the CMS system. The transaction should be resubmitted with a valid claim number.
009 R	No Match on Name	NO MATCH—NAME	<p>A transaction attempted to process. The transaction was rejected because the name on the incoming record did not match a record on the database. The transaction should be resubmitted with the correct name.</p> <p><u>NOTE: This label is not precise. This reply code indicates that the managed care system was not able to find a unique beneficiary that matched on 3 of 4 of the following: surname, first initial, date of birth, and sex code.</u></p>
010 R	Invalid Medicaid Transaction	INVALID MCAID	<p>A correction transaction attempted to process with an action code of 'F' (turn Medicaid OFF). The transaction was rejected, because the Medicaid status was not set by the MCO and for that reason, could not be turned off by the MCO.</p> <p><i>NOTE: Edit suspended in 2004 by CMS.</i></p>
011 A	Enrollment Accepted as Submitted	ENROLL ACCEPTED	The new enrollment has been successfully processed. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.
012 A	Enrollment Accepted, with SCC Override	[obsolete]	<p>This transaction code is obsolete.</p> <p><i>NOTE: Description is not on CMS Website. Based on input from iCORP.</i></p>

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
013 A	Disenrollment Accepted as Submitted	DISENROL ACCEPT	The disenrollment has been successfully processed. The effective date of the disenrollment is shown in field 24 (see codes 18-28) of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.
014 A	Disenrollment Due to Enrollment in Another Plan	DISNROL-NEW MCO	A new enrollment was successfully processed for the beneficiary, which placed them in another MCO. As a result, the beneficiary was disenrolled from the MCO receiving this message. The effective date of the disenrollment is shown in field 24 of the Transaction Reply record. In field 28 the Contract number of the source is shown. On the printed report, the disenrollment date is shown in the EFF DATE column, and the MCO causing the disenrollment is shown in the SOURCE ID column.
015 A	Enrollment Canceled	ENROLL CANCELED	<p>An enrollment was canceled due to one of the following reasons: MCO disenrollment with same effective date; auto-disenrollment with same effective date; a MCO's disenrollment request dated the month prior to enrollment; a loss of Part A or B Entitlement; or the beneficiary is in the ESRD health status prior to enrollment.</p> <p>NOTE: Auto-disenrollment occurs when a beneficiary is enrolled in another contract prior to the effective date.</p>

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
016 A	Enrollment Accepted, Out Of Area	ENROLL-OUT AREA	<p>A new enrollment was processed, but the beneficiary's residence state and county codes place the beneficiary outside of the MCO's approved service area. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column. If the SCC shown on the printed report differs from your records prompt the beneficiary to visit the Social Security Administration Field Office (SSAFO) to change their address. This will enable a more accurate payment for this beneficiary to be made.</p> <p><i>NOTE: The 'conditional' aspect no longer applies; this TR code is now merely an alert that the beneficiary's SCC in CMS records is not within the service area.</i></p>
017 A	Enrollment Accepted, Payment Default Rate	ENROLL—BAD SCC	<p>A new Part C enrollment was processed, but valid residence state and county codes were not available and could not be derived from the zip code. The enrollment is considered valid by the system; however, since there is no valid residence state and county codes, Part C payment is made for this beneficiary at the plan bid rate with no geographic adjustment. When valid residence information is provided to the system, payment will be made using the updated residence information. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.</p>

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
018  A	Automatic Disenrollment	AUTO DISENROLL	An action occurred which caused an automatic disenrollment of this beneficiary. A disenrollment action was not submitted by CMS or the plan. This action could result from a change in the beneficiary's personal characteristics. For example, a death notice, or loss of Part A or Part B Entitlement would cause an enrolled beneficiary to be automatically disenrolled. The effective date of the disenrollment is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column, and the reason for disenrollment is shown in the REMARKS column.
019  R	Enrollment Rejected - Loss Of Part A And B Entitlement	NO ENROLL-NO AB	An enrollment attempted to process. The enrollment failed because the beneficiary is not entitled to both Part A and Part B of Medicare.
020  R	Enrollment Rejected - PACE Under 55	NO ENROLL-NOT 55	An enrollment attempted to process for a PACE plan. The enrollment failed because the beneficiary is not yet 55 years of age
021 A	Enrollment Accepted, Date Modified	[Obsolete]	This transaction code is obsolete.  <i>NOTE: Description is not on CMS Website. Obsolete in GHP.</i>
022  A	Enrollment Accepted, Claim Number Change	ENROLL-NEW HICN	A new enrollment was successfully processed for a beneficiary whose claim number has changed. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. The new claim number is shown in field 24. The old claim number will appear in field 1. On the printed report the enrollment date is shown in the EFF DATE column, and the new claim number is shown in the REMARKS column. Any further actions submitted for this beneficiary must use the new claim number.

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
023  A	Enrollment Accepted, Name Change	ENROLL-NEW NAME	A new enrollment was successfully processed for a beneficiary whose name has changed. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. The new name will appear in fields 2, 3 and 4. On the printed report, the enrollment date is shown in the EFF DATE column, and the new name is shown in the SURNAME, FIRST NAME and MI columns.
024  A	Disenrollment Accepted, Date Modified	[Obsolete]	This transaction reply code is obsolete.  <i>NOTE: Description is not on CMS website. Obsolete in GHP.</i>
025  A	Disenrollment Accepted, Claim Number Change	DISROL-NEW HICN	A disenrollment was successfully processed for a beneficiary whose claim number has changed. The effective date of the disenrollment is shown in field 22 of the Transaction Reply record. The new claim number is shown in field 24. The old claim number will appear in field 1. On the printed report the disenrollment date is shown in the EFF DATE column, and the new claim number is shown in the REMARKS column. Any further actions submitted for this beneficiary should use the new claim number.
026  A	Disenrollment Accepted, Name Change	DISROL-NEW NAME	A disenrollment was successfully processed for a beneficiary whose name has changed. The effective date of the disenrollment is shown in field 22 of the Transaction Reply record. The new name will appear in fields 2, 3 and 4. On the printed report, the disenrollment date is shown in the EFF DATE column, and the new name is shown in the SURNAME, FIRST NAME and MI columns.

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
027  A	Demonstration Beneficiary Factor Set	DEMO FACTOR ON	<p>A demonstration factor was successfully processed for a beneficiary. The effective start date of the factor is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.</p> <p>NOTE: This reply code is only applicable to transactions that update beneficiary-specific risk adjustment factors for certain demonstration MCO contracts, i.e., GHP_TRAN_CD 30 and 31.</p>
028  A	Demonstration Beneficiary Factor Terminated	DEMO FACTOR OFF	<p>A demonstration factor with an end date was successfully processed for a beneficiary. The effective end date of the factor is show in field 24 of the Transaction Reply record. On the printed report the value is shown in the EFF DATE column.</p> <p>NOTE: This reply code is only applicable to transactions that update beneficiary-specific risk adjustment factors for certain demonstration MCO contracts, i.e., GHP_TRAN_CD 30 and 31.</p>
029  A	Demo Beneficiary Factor Cancellation	DEMO FACTOR CAN	<p>A demonstration factor was successfully processed for a beneficiary. A factor originally established has been cancelled, and is no longer valid. NOTE: This reply code is only applicable to transactions that update beneficiary-specific risk adjustment factors for certain demonstration MCO contracts, i.e., GHP_TRAN_CD 30 and 31</p> <p><i>NOTE: Description is not on CMS website. Based on input from iCORP</i></p>



Code/ Type*	Title	Short Definition	Definition
030  R	Enrollment Held, Pending Medicare Entitlement Confirmation	[Obsolete]	<p>An enrollment attempted to process, but the beneficiary does not appear on the Medicare Beneficiary database (MBD) or does not have Part A or Part B entitlement. Very infrequently, Medicare enrollments may not be posted in a timely fashion. In these cases, MARX will hold the enrollment for a period of time (3 months), to allow for the completion of the MBD record keeping.</p> <p><i>NOTE: Description is not on CMS website. Obsolete in GHP. Valid for MARX (transaction orbiting capability).</i></p> <p><b>Obsolete per CR633</b></p>
031  R	Enrollment Rejected, Data Not In Enrollment Database	MEMB NOT MCARE	<p>An enrollment transaction attempted to process. The enrollment was rejected because the beneficiary could not be located in the MBD. Verify the claim number and name and resubmit the transaction.</p> <p>NOTE: This transaction reply code will be generated after the orbit period has elapsed if the beneficiary is still not found in the MBD.</p> <p><b>NOTE: No orbit period, per CR633.</b></p>
032  R	Enrollment Rejected, Beneficiary Not Entitled to Part B	MEMB HAS NO B	<p>An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary did not have Medicare Part B Entitlement. Part B entitlement is required for enrollment in a managed care plan.</p> <p><b>NOTE: This edit is applied immediately; no orbit period. (CR633)</b></p>

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
033  R	Enrollment Rejected, Beneficiary Not Entitled to Part A	MEMB HAS NO A	<p>An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary did not have Medicare Part A Entitlement. Part A entitlement is required for enrollment in a managed care plans.</p> <p><b>NOTE: This edit is applied immediately; no orbit period. (CR633)</b></p>
034  R	Enrollment Rejected, Beneficiary is Not Age 65	MEMB NOT AGE 65	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary was not age 65 or older. The age requirement is MCO-specific.
035  R	Enrollment Rejected, Beneficiary is in Hospice Status	MEMB IN HOSPICE	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary was in Hospice status. The Hospice requirement is MCO specific (e.g., applies only to MSA/MA, MSA/Demo, OFM Demo, ESRD I Demo, ESRD II Demo and PACE National plans). The attempted enrollment date is shown in field 24 of the Transaction Reply record. Per CR00973
036  R	Enrollment Rejected, Beneficiary is Deceased	MEMB DECEASED	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary is deceased. The attempted enrollment date is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the REMARKS column.
037  R	Enrollment Rejected, Invalid Date	BAD ENROLL DATE	An enrollment transaction (transaction type 60 or 61), PBP change (transaction type 71) attempted to process. The enrollment was rejected, because the submitted enrollment effective date was either an invalid numeric value; a date more than 3 months in the future; a date not the first of the month; or a type 60 transaction with a future date or a date more than 3 months before the prospective payment month. Retroactive PBP change requests are also rejected with this transaction reply code. The transaction should be resubmitted with a valid date.

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
038  R	Enrollment Rejected, Duplicate Transaction	DUPLICATE	An enrollment transaction attempted to process. The enrollment was rejected, because another enrollment transaction submitted by the same plan, with the same effective date, was already processed. The effective date appears in field 18 of the Transaction Reply record. No action is required by the plan.
039  R	Enrollment Rejected, Currently Enrolled in Same Plan	ALREADY ENROLL	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary was already enrolled in this plan. No action is required by the plan.
040  R	Enrollment Rejected, Multiple Enrollment Transactions	MULTIPLES	An enrollment transaction attempted to process. The enrollment was rejected, because the transaction was one of several that were submitted with the same effective date and application date.
041  R	Invalid Demonstration Beneficiary Factor Date	BAD FACTOR DATE	A beneficiary factor update request attempted to process. The transaction was rejected, because the effective start and/or end date was not in a valid format; or the request specified an effective start date that was greater than the effective end date.
042  R	Enrollment Rejected, Blocked	ENROLL BLOCKED	An enrollment transaction attempted to process. The enrollment was rejected, because the MCO is currently blocked from enrolling new beneficiaries.

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
043  R	Invalid Demonstration Beneficiary Factor	BAD FACTOR	<p>A beneficiary factor update request attempted to process. The transaction was rejected, because the factor was not in a valid format; or the factor was larger than allowed.</p> <p>NOTE: the factor must be 7 positions long, with the 3<sup>rd</sup> position being ‘.’ And the other 6 positions numeric.</p>
044  R	Enrollment Rejected, Outside Contracted Period	NO CONTRACT	An enrollment transaction attempted to process. The enrollment was rejected, because the submitted enrollment date is outside the contracted period with CMS.
045  R	Enrollment Rejected, Beneficiary is in ESRD Status	MEMB HAS ESRD	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary is in ESRD (end-stage renal disease) status. The attempted enrollment effective date is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the REMARKS column.
046  R	Enrollment Rejected; No response from HI Master	[obsolete]	<p>This transaction reply code is obsolete.</p> <p><i>NOTE: Description is not on CMS website.</i></p>
047  R	Enrollment Rejected, Retroactive Effective Date	RETRO ENROLL DT	An enrollment transaction attempted to process. The enrollment was rejected, because the enrollment effective date submitted was not within the acceptable retroactive period. The enrollment should be resubmitted with an effective date which is not less than one month before the prospective payment month.

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
048  A	Nursing Home Certifiable Status Set	NHC ON	A transaction has been processed placing the beneficiary in Nursing Home Certifiable (NHC) status. The NHC health status is MCO specific (e.g., applies only to SHMO plans). The NHC effective start date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
049  A	Nursing Home Certifiable Status Terminated	[obsolete]	This transaction code is obsolete.  <i>NOTE: NHC periods always have an end date. TR code 159 is used to acknowledge online changes to NHC periods.</i>
050  R	Disenrollment Rejected, Not Enrolled	NOT ENROLLED	A disenrollment transaction attempted to process. The disenrollment was rejected, because the beneficiary was not currently enrolled in the plan.
051  R	Disenrollment Rejected, Invalid Date	BAD DISENR DATE	A disenrollment transaction attempted to process. The disenrollment was rejected, because the effective date was an invalid numeric value or outside the allowable time frame. The transaction should be resubmitted with a valid date.
052  R	Disenrollment Rejected, Duplicate Transaction	DUPLICATE	A second disenrollment transaction attempted to process. The disenrollment was rejected, duplicate transaction, no process necessary. The effective date of the disenrollment is displayed in field 18 of the Transaction Reply record. No action is required by the plan.
053  R	Disenrollment Rejected, Before Current Enrollment	DATE LT ENROLL	A disenrollment transaction attempted to process. The disenrollment was rejected, because the disenrollment effective date submitted was earlier than the effective enrollment date on record. The transaction should be resubmitted with a valid date.

Code/ Type*	Title	Short Definition	Definition
054 R	Disenrollment Rejected, Retroactive Date	RETRO DISN DATE	A disenrollment transaction attempted to process. The disenrollment was rejected, because the effective date was outside the allowable time frame. The disenrollment should be resubmitted with a valid date.
055 M	ESRD Status Canceled	ESRD CANCELED	The ESRD status information which was previously set has been canceled. The effective date of the status period canceled is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.
056 R	Demonstration Enrollment Rejected	FAILS DEMO REQ	<p>An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary did not meet the Demonstration requirements. For example, the beneficiary is currently known to be Working Aged or not known to be ESRD. These requirements are MCO specific. The attempted enrollment effective date is shown in field 24 of the Transaction Reply record. On the print report, the value is shown in the EFF DATE column.</p> <p><i>NOTE: In the legacy system, this TR code was used only for ESRD Demonstrations. However, for MARX it can be used for Demos in general.</i></p>
057 M	Risk Adjuster Factor Change	RA FACTOR CHG	<p>The Risk Adjuster System (RAS) has created new factors for this beneficiary, which may result in payment adjustments.</p> <p><i>NOTE: Description is not on CMS website.</i></p>
058 R	SSA Disenrollment Rejected, Cancel New Enrollment	[obsolete]	A disenrollment transaction from an SSAFO attempted to process. The disenrollment was rejected because the effective date of the disenrollment if applied would result in a cancellation of the enrollment period. The attempted disenrollment effective date is shown on the printed report under the EFF DATE column. <i>NOTE: This code is obsolete with the implementation of new transaction formats for MARx.</i>

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
059 M	Working Aged Status Canceled	WA CANCEL	The working aged status information which was previously set has been canceled. The effective date of the status period canceled is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.
060 R	Correction Rejected, Not Enrolled in Plan	NOT ENROLLED	A correction transaction attempted to process. The correction was rejected, because the beneficiary is no longer enrolled under the incoming contract number. MCOs are not permitted to process transactions against beneficiaries that are not enrolled in their plan.
061 R	Correction Rejected, Retroactive Change	[Obsolete]	This transaction reply code is obsolete.  <i>NOTE: Description is not on CMS website. Obsolete in GHP.</i>
062 R	Correction Rejected, Overlaps Other Period	INS-NHC OVERLAP	A correction transaction attempted to process. The correction was rejected, because another correction transaction submitted by the same plan, with the same effective date, was already processed. No action is required by the MCO.  <i>NOTE: Currently, this transaction reply refers to the overlap of an institutional period and an NHC period. These two types of periods are mutually exclusive.</i>
063 R	Correction Rejected, Extend Past Death Date	[Obsolete]	This transaction code is obsolete.  <i>NOTE: Description is not on CMS website. Obsolete in GHP.</i>
064 R	Correction Rejected, Invalid Date	[Obsolete]	This transaction code is obsolete.  <i>NOTE: Description is not on CMS website. Obsolete in GHP.</i>

Code/ Type*	Title	Short Definition	Definition
065  A	WA Accepted, Not Yet Posted	WA OK/NOT POST	<p>A Working Aged (HUSP) transaction has been received by CMS. The transaction was sent on for further processing. This reply is to confirm that the request has been received and forwarded to the COB contractor. This does not mean acceptance by COB or CWF.</p> <p><i>NOTE: This code became obsolete in 2004 with the new working aged adjustment process and retirement of the HUSP process.</i></p>
066  M	WA Status Set	WA ON	<p>A Working Aged status has been set for a beneficiary. The effective Working Aged start date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.</p> <p><i>NOTE: This code became obsolete in 2005 with the new working aged adjustment process.</i></p>
067  M	WA Status Terminated	WA OFF	<p>A Working Aged status has been terminated for a beneficiary. The effective Working Aged termination date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.</p> <p><i>NOTE: This code became obsolete in 2005 with the new working aged adjustment process.</i></p>
068  R	Working Aged Status Rejected	WA REJECT	<p>A Working Aged transaction attempted to process. The transaction was rejected because the supplied input did not pass all required edits. The failed edits are noted by the SP Error Code, which can be found in the Plan Communications User's Guide under the appendix marked "MSP Maintenance Transaction Error Codes".</p> <p><i>NOTE: This code became obsolete in 2004 with the new working aged adjustment process and retirement of the HUSP process.</i></p>



<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
069 R	Working Aged Status Pending	[obsolete]	<p>A Working Aged transaction has been received by CMS, but is pending because it has not completed processing.</p> <p><i>NOTE: This code became obsolete in 2004 with the new working aged adjustment process and retirement of the HUSP process.</i></p>
070 A	Prior Commercial Enr Changed	COMM ENROL CHG	<p>An online transaction changed the length of a previously reported period of commercial enrollment.</p> <p><i>NOTE: Description is not on CMS website. Based on input from iCORP</i></p>
071 M	Hospice Status Set	HOSPICE ON	A notification has been received from CMS's Hospice system placing the beneficiary in Hospice status. The effective Hospice start date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
072 M	Hospice Status Terminated	HOSPICE OFF	A notification has been received from CMS's Hospice system terminating the beneficiary's Hospice status. The effective Hospice end date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
073 M	ESRD Status Set	ESRD ON	A notification has been received from CMS's ESRD system placing the beneficiary in ESRD status. The effective ESRD start date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
074 M	ESRD Status Terminated	ESRD OFF	A notification has been received from CMS's ESRD system terminating the beneficiary's ESRD status. The effective ESRD end date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
075  A	Institutional Status Set	INSTITUTION ON	A transaction has been received placing the beneficiary in Institutional status. The effective Institutional start date is shown in field 22 and 24 of the Transaction Reply record. On the printed report this value is shown in the EFF DATE column. Institutional automatically ends each month; therefore, there is no termination status transaction.
076  A	Institutional Status Terminated	[obsolete]	This transaction reply code is obsolete.  <i>NOTE: Institutional periods always have an end date. TR code 158 is used to acknowledge online changes to institutional period dates.</i>
077  A/M	Medicaid Status Set	MEDICAID ON	A transaction has been received placing the beneficiary in Medicaid Status. The effective Medicaid start date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
078  A/M	Medicaid Status Terminated	MEDICAID OFF	A transaction has been received terminating the beneficiary Medicaid status. The effective Medicaid end date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
079  M	Part A Termination	MEDICARE A OFF	A notification has been received terminating the beneficiary's Part A Entitlement. The effective Part A Entitlement end date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
080  M	Part A Reinstatement	MEDICARE A ON	<p>A notification has been received reinstating the beneficiary's Part A Entitlement. The effective Part A Entitlement start date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.</p> <p>NOTE: This reply code is only prepared if the beneficiary is still enrolled in some managed care contract. If the beneficiary has been disenrolled, but not re-enrolled, the reply code is not issued.</p>
081  M	Part B Termination	MEDICARE B OFF	<p>A notification has been received terminating the beneficiary's Part B Entitlement. The effective Part B Entitlement end date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.</p>
082  M	Part B Reinstatement	MEDICARE B ON	<p>A notification has been received reinstating the beneficiary's Part B Entitlement. The effective Part B Entitlement start date is shown in field 24 of the Transaction Reply Record. On the printed report, this value is shown in the EFF DATE column.</p> <p>NOTE: This reply code is only prepared if the beneficiary is still enrolled in some managed care contract. If the beneficiary has been disenrolled, but not re-enrolled, the reply code is not issued.</p>
083  A	Enrollment Date Change	NEW ENROLL DATE	<p>CMS staff changed the effective date for an enrollment. The new effective date of the enrollment is shown in field 24 of the Transaction Reply record. This value is also present in field 18. On the printed report, this value is shown in the EFF DATE column.</p>

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
084  A	Disenrollment Date Change	NEW DISROL DATE	CMS staff changed the effective date for a disenrollment. The new effective date of the disenrollment is shown in field 24 of the Transaction Reply record. The effective enrollment date is shown in field 18. On the printed report, the effective disenrollment date is shown in the EFF DATE column.
085  M	State and County Code Change	NEW SCC	A notification has been received indicating that the beneficiary's State and County Code (SCC) information has changed. The new SCC is shown in fields 9-10 and 24 of the Transaction Reply record. On the printed report, the new SCC is shown in the REMARKS column.
086  M	Claim Number Change	NEW HICN	A notification has been received indicating that the beneficiary's claim number has changed. The new claim number is shown in field 24 of the Transaction Reply record. On the printed report, the new claim number is shown in the REMARKS column.
087  M	Name Change	NEW NAME	A notification has been received indicating that the beneficiary's name has changed. The new name is shown in fields, 2, 3 and 4 of the Transaction Reply record. On the printed report, the new name is shown in fields 2, 3 and 4 of the Transaction Reply record. On the printed report, the new name is shown in the SURNAME, FIRST NAME and MI columns.
088  M	Sex Code Change	NEW SEX CODE	A notification has been received indicating that the beneficiary's sex code has changed. The new Sex code is shown in field 5 of the Transaction Reply record. On the printed report, the new Sex code is in the SEX column.
089  M	Date of Birth Change	NEW BIRTH DATE	A notification has been received indicating that the beneficiary's date of birth has changed. The new date of birth is shown in field 6 of the Transaction Reply record. On the printed report, the new birth date is shown in the DATE OF BIRTH and EFF DATE columns.

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
090  M	Date of Death Established	MEMB DECEASED	A notification has been received indicating that the beneficiary is deceased. The date of death is shown in field 24 of the Transaction Reply record. On the printed report, the date of death is shown in the EFF DATE column.
091  M	Date Of Death Removed	DEATH DATE OFF	Previously, the Medicare Beneficiary Database reported a date of death for this beneficiary. That date has been removed, as the beneficiary is still alive. NOTE: This reply code is not issued if the beneficiary is no longer enrolled in any MCO.  <i>NOTE: Description is not on CMS website.</i>
092  M	Date of Death Corrected	NEW DEATH DATE	A notification has been received indicating that the beneficiary's date of death has been corrected. The corrected date of death is shown in field 24 of the Transaction Reply record. On the printed report, the corrected date of death is shown in the EFF DATE column.
093  A	SCC Exemption Code Change	[Obsolete]	This transaction reply code is obsolete.  <i>NOTE: Description is not on CMS website. Code obsolete in GHP.</i>
094  R	No Match on Name	[Obsolete]	This transaction reply code is obsolete.  <i>NOTE: Description is not on CMS website. Code obsolete in GHP.</i>
095  R	Invalid State, County Or Zip Code	BAD ADDRESS	The State, County or ZIP code received from the MBD is invalid. If these codes differ from your records, prompt the beneficiary to visit the Social Security Administration Field Office (SSAFO) to change their address. This will enable MARX to make a more accurate payment for this enrollment.  <i>NOTE: Description is not on CMS website.</i>

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
096	SCC Already Exists	[Obsolete]	This transaction reply code is obsolete.  <i>NOTE: Description is not on CMS website</i>
097 R	Medicaid Previously Turned On	MCAID PREV ON	A transaction attempted to process the start of a Medicaid period and was rejected because the Medicaid status for the beneficiary was already on for the month in question. No action required by the plan.
098 R	Medicaid Status Previously Turned Off	MCAID PREV OFF	A transaction attempted to process the end of a Medicaid period and was rejected because the Medicaid status was already off for the month in question. No action required by the plan.
099 M	Medicaid Period Change/Cancellation	MCAID CHANGE	A change has been made to a period of Medicaid status information for the beneficiary. No action required by the plan.
100 A	Election Change Accepted as Submitted	ELECTION OK	An M+CO has submitted a transaction type 71 to move a member from one benefit package to another. All applicable edits have been passed; the transaction has successfully processed. The effective date of the PBP election is shown in field 24 of the Transaction Reply record.
101 R	Rejected; Invalid Institutional Flag	BAD INST FLAG	Code is for transaction types 71/61/60/51. Must be Y or spaces..  <i>NOTE: Made obsolete by the August 2002 Plan Communications Guide.</i>

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
102  R	Rejected; Invalid or Missing Application Date	BAD APP DATE	A transaction was rejected (60/61/71) because it was submitted with an invalid or missing application date. The application date must be present, represent a valid date and precede the effective date on the transaction (effective date of the enrollment or PBP change). Note that the application date is not a required field on transaction type 51 or 72, nor is it required for any enrollment submitted online by CMS. The transaction should be resubmitted with a valid date.
103  R	ICEP/IEP Election with Missing A/B Entitlement Date	ICEP/IEP NO ENT	<p>The transaction is rejected because the beneficiary does not have entitlement for Part A and/or Part B on record—required for enrollment transactions (Code 61).</p> <p>Code is for transaction type 61 and election types I and E only.</p> <p><i>NOTE: Election types are on hold until 11/15/2005.</i></p>
104  R	Rejected; Invalid or Missing Election Type	BAD ELECT TYPE	<p>Election type is either missing, not valid for plan or transaction type. , Election types A, N, S, O and T are valid for transaction types 51/60/61/71. Election types I and E are valid for transaction type 60/61.</p> <p><i>NOTE: Election types are on hold until 11/15/2005.</i></p>
105  R	Rejected; Invalid Effective Date for Election Type	BAD ELECT DATE	<p>Effective date specified is not valid for the election type.</p> <p>Code is for transaction types 71/61/60/51; applies only to election types A, I, E, N, O, and T.</p> <p><i>NOTE: Election types are on hold until 11/15/2005.</i></p>

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
106  R	Rejected; Another Transaction Received with a Later Application Date	LATER APPLIC	The transaction was rejected (60/61/71) because a transaction with a more recent application date was received for the same effective date. When multiple transactions are received for the same beneficiary with the same effective date but with different contract/PBP #s, the application date will be used to determine which election to accept. Note that this code does not apply to transaction type 51, nor does it apply to an enrollment submitted online by CMS. If the application dates are different, the system will accept the election containing the most recent date. If the application dates are the same, they will all be rejected with a code of 040.
107  R	Rejected; Invalid or Missing PBP Number	BAD PBP NUMBER	The transaction was rejected (60/61/71/72) because the PBP # was missing or invalid. Note that the PBP # is not required on transaction type 51. The PBP # submitted on the 60/61/71/72 must be valid for the contract number on the transaction. The transaction should be resubmitted with a valid PBP #.
108  R	Rejected; Election Limits Exceeded	NO MORE ELECTS	Election limit exceeded for this election type.  Code is for transaction types 71/61/60/51 and election types A, I, E, N, and O.  <i>NOTE: Election types are on hold until 11/15/2005.</i>
109  R	Rejected; Duplicate PBP Number	DUPLICATE	The transaction was rejected (71) because the member was already enrolled in the PBP # on the transaction. This code only applies to transaction type 71. The effective date of the requested enrollment is in field 18 of the Transaction Reply report.



<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
110 R	Rejected; No Part A and No EGHP Enrollment Waiver	NO PART A/EGHP	The transactions was rejected (60/61/71) because the beneficiary lacks Part A and there was no EGHP Part B-only waiver in place. MCOs can offer PBP for EGHP members only, and, if the MCO chooses, it can define such PBPs for individuals who do not have Part A.
111 R	PBP Rejected; Invalid Contract Number	BAD CONTRACT #	The transaction was rejected (71) because the contract number on the transaction does not match the member's enrollment record. This code applies only to transaction type 71. The requested effective date of the enrollment appears in field 18 of the Transaction Reply report. The transaction should be resubmitted with the correct contract number.
112 R	Rejected; Conflicting Effective Dates	CNFLT EFF DATE	For a 71 or 71-X transaction (Note: 71X transactions have been discontinued starting with the February 2003 run), no current enrollment record is found for the beneficiary that has an effective start date before or on the effective date on the transaction. Also, for 71-X, the effective date on the transaction is after the PBP startup cutoff date.
113 M	Part B Premium Reduction Rate Change	PARTB REDUCT CH	Acknowledgement that the Part B premium reduction amount has been changed (Formerly related to the "BIPA 606" legislation; for 2006 and forward, part of the MMA legislation.)
114 R	Drug Coverage Change Rejected; Election Type must be AEP or OEPI	RX NOT AEP/OEPI	Existing plan members and previously enrolled individuals cannot add or drop drug coverage except during an AEP or OEPI. This TR Code will appear for transaction types 71/61/60/51 when election type is N or O for the described individual. Per CR01083.
115 R	Enrollment Rejected; Plan Not Open	[Obsolete]	An OEP, OEPNEW, or OEPI enrollment was rejected because the plan is closed to such enrollments. Obsolete per CR721

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
116 R	Enrollment or Change Rejected; Invalid or Missing Segment number	BAD SEGMENT NUM	<p>The transaction (60/61/71) was rejected because the enrollment is for a PBP that has been segmented, and segment number on the transaction was missing or invalid. The Segment number submitted on transaction type 60/61/71 must be valid for the PBP and contract number. Or, a code 72 transaction was rejected because the (non-blank) segment number provided was invalid for that contract/PBP combination. The transaction should be resubmitted with a valid Segment number.</p> <p><i>NOTE: Segment number is not required for transaction type 51.</i></p>
117 A	FBD Auto Enrollment Accepted	FBD AUTO ENROLL	CMS has performed an auto-enrollment of a full-benefit dual eligible beneficiary into a Part D plan.
118 A	LIS Facilitated Enrollment Accepted	LIS FAC ENROLL	CMS has performed a facilitated enrollment of a low-income subsidy beneficiary into a Part D plan.
119 A	Premium Amount Change Accepted	PREM AMT CHG	Plan has submitted a change transaction to update the Part D or Part C premium amount. The transaction was successful.
120 A	Premium Withholding Option Change Accepted	WHOLD UPDATE	Plan or CMS submitted a change transaction to update the premium withholding option. MARx successfully processed the transaction. A change to direct billing option is implemented by the plan. A change to the deduction option is implemented by the responsible organization, SSA, RRB, or OPM. Per CR0001076
121 M	Beneficiary Low Income Status Updated	LIS UPDATE	The beneficiary's Part D low-income subsidy status has changed.

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
122 R	Enrollment or Change Rejected, Invalid Premium Amount	BAD PREMIUM AMT	The transaction (60/61/71) was rejected because the Part C or Part D premium amount was not numeric. A code 72 correction transaction was rejected because a non-blank Part C or Part D premium amount was not numeric. Transaction should be resubmitted with corrected premium amount.
123 R	Enrollment or Change Rejected, Invalid Premium Withholding Option Code	BAD W/HOLD OPT	The transaction (60/61/71) was rejected because the Premium Withholding Option code contained an invalid value (valid values are D, S, R, O and N). A code 72 correction transaction was rejected because a non-blank Premium Withholding Option code contained an invalid value. Transactions should be resubmitted with corrected option codes.
124 R	Enrollment or Change Rejected; Invalid Uncovered Months Field	BAD UNCOV MNTHS	The transaction (60/61/71) was rejected because the "Number of Uncovered Months" field contained a non-numeric value; OR, the "Uncovered Months" field was zero when the Creditable Coverage Switch was set to "N"; OR, the "Uncovered Months" field was greater than zero when the Creditable Coverage Switch was set to "Y" or blank; OR, a code 72 correction transaction was rejected because a non-blank "Number of Uncovered Months" field contained a non-numeric value. Transactions should be resubmitted with corrected fields.
125 R	MSA Enrollment or Change Rejected, Invalid MSA Fields	BAD MSA DATA	The transaction (60/61/71) for Medical Savings Account (MSA) was rejected because one or more of these required fields was missing: beneficiary's social security number, bank account number, bank routing number, or bank account type code.
126 R	Enrollment or Change Rejected; Invalid Creditable Coverage Flag	BAD CRED COV FL	The transaction (60/61/71) was rejected because the "Creditable Coverage Flag" field contained an invalid value. A code 72 correction transaction was rejected because a non-blank "Creditable Coverage Flag" field contained an invalid value. Transactions should be resubmitted with corrected fields.

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
127 R	Part D Enrollment Rejected; Employer Subsidy Status	EMP SUB REJ	The Enrollment was rejected because the beneficiary has employer subsidy status. The plan should contact the beneficiary to explain the consequences of this enrollment. If the beneficiary elects to join the Part D plan anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set.
128 R	Part D Enrollment Rejected; Employer Subsidy Flag set; No Prior Transaction	EMP SUB OVR REJ	The Enrollment was rejected because the beneficiary has employer subsidy status and the Employer Subsidy Override Flag was set, but the override is not valid because there is no record that the enrollment was previously submitted and rejected due to employer subsidy status. MARX enforces this two-step process to ensure that the plan discusses the consequences of the Part D enrollment (i.e., possible loss of employer health coverage) with the beneficiary before MARX accepts the employer subsidy override.
129 A	Part D Enrollment Accepted; Employer Subsidy Flag set; Prior Transaction Rejected	EMP SUB ACC	The Enrollment was accepted. A prior transaction was rejected because the beneficiary has employer subsidy status. This transaction (with employer subsidy override flag set) indicates that the plan has contacted the beneficiary to explain the consequences of this enrollment, and that the beneficiary elects to join the Part D plan anyway. [These three scenarios—126, 127 and 128—are outlined in the CMS/DEPO letter to the plans dated March 8, 2005.]
130 R	Part D Opt-Out Rejected, Opt-Out Indicator Not Valid	BAD OPT OUT CD	The Part D Opt-Out Flag submitted by the plan has an invalid value.
131 A	Part D Opt-Out Accepted	OPT OUT OK	A valid disenrollment transaction was received with a Part D Opt-Out Flag set to Y. The beneficiary will not be subject to auto-enrollment into Part D by CMS in the future.

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
132 A	Part D Enrollment Accepted; Missing RxID and/or Rx Group [Obsolete]	Obsolete per CR635	Plans submitting Part D transactions (60/61/71) must provide their RxID and RxGroup information. Although the transaction was accepted, plan should follow up with RxID and RxGroup numbers on a change transaction (72).
133 R	Part D Enrollment Rejected; Invalid Secondary Insurance Flag	BAD 2 INS FLAG	Plans submitting Part D transactions (60/61/71) must provide a valid value for the secondary drug coverage flag.
134 A	Part D Enrollment Accepted; Invalid Secondary Insurance	NO 2 INS INFO	Plans submitting Part D transactions (60/61/71) must indicate when a beneficiary has secondary drug coverage. This transaction reply indicates that the secondary insurance flag was set, but the secondary insurance RxID and RxGroup were not supplied. Plan should follow up with secondary insurance RxID and RxGroup ID information on a change transaction (72).
135 M	Beneficiary Has Started Dialysis Treatments	DIALYSIS START	A notification has been received that a beneficiary has ESRD and has begun dialysis treatments.
136 M	Beneficiary Has Ended Dialysis Treatments	DIALYSIS END	A notification has been received that a beneficiary has ESRD and is no longer receiving dialysis treatments.
137 M	Beneficiary Has Received a Kidney Transplant	TRANSPLANT	A notification has been received that a beneficiary has ESRD and has received a transplanted kidney.
138 M	Beneficiary Address Change to Outside the U.S.	ADDR NOT U.S.	A notification has been received that the beneficiary's address is now outside of the U.S.

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
139 A	EGHP Flag Change Accepted	EGHP FLAG CHG	A change (72) transaction has been successfully processed to change the EGHP Flag for the beneficiary.
140 A	Segment ID Change Accepted	SEGMENT ID CHG	A change (72) transaction has been successfully processed to change the Segment ID for the beneficiary.
141 A	Creditable Coverage Change Accepted	CRED COV CHG	A change (72) transaction has been successfully processed to change the creditable coverage information (Creditable Coverage Flag, Number of Uncovered Months) for the beneficiary.
142 A	Part D Rx Number Change Accepted	[Obsolete]	A change (72) transaction has been successfully processed to change the Part D plan RxID and/or RxGroup numbers for the beneficiary.
143 A	Secondary Insurance Rx Number Change Accepted	2 INS Rx # CHG	A change (72) transaction has been successfully processed to change the Secondary Insurance RxID and/or RxGroup numbers for the beneficiary.
144 M	Premium withhold option change to direct bill	PREM WHOLD CHG	Enrollment requests (transaction types 60, 61 and 71) initially requiring more than 3 months of premium withholding, or notices received from the beneficiary's retirement system (SSA, RRB or OPM) that it was unable to withhold the entire premium amount from the beneficiary's monthly check, require the premium withhold option be changed to 'direct bill'. The plan should contact the beneficiary to explain the consequences of this change. Per CR0001051.

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
145 M	Beneficiary no longer incarcerated	INCARCERATE OFF	Notice has been received from the MBD that the beneficiary is no longer incarcerated.
146 A	Rollover successful	ROLLOVER	A termination-rollover action was processed. These actions allow all members of a terminating organization (contract, plan or segment) to be 'rolled over' (automatically enrolled) in a new organization. No action is required by the plan, unless the action is in error, and results in beneficiaries being moved incorrectly. In this case, contact your CMS plan representative.
147 A	Rollover successful, RxID and RxGroup update required	[Obsolete]	A termination-rollover action involving a PDP or MA-PD was processed, and CMS needs updated RxID and RxGroup IDs for this member. Plan should submit a change transaction '72' for this member, supplying the new information.
148 A	Rollover successful, Secondary RxID and RxGroup update required	RLLOVR NEED 2RX	<p>A termination-rollover action involving a PDP or MA-PD was processed, and CMS needs updated secondary insurance RxID and RxGroup IDs for this member. Plan should submit a change transaction '72' for the member, supplying the new information.</p> <p><i>NOTE: This TR code is only created when a 'rolled over' member previously had secondary Rx insurance information on file.</i></p>
150 A	Enrollment accepted, Exceeds Capacity Limit	OVER CAP LIMIT	<p>An enrollment has been accepted, but the resulting enrollment count exceeds the capacity limit for the contract or PBP.</p> <p><i>NOTE: Capacity limits do not apply to PDPs.</i></p>

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
151 <b>A</b>	Disenrollment Accepted, Invalid Disenrollment Reason Code	DISROL-BAD RC  [future use]	A disenrollment was successfully processed for a beneficiary but the disenrollment reason code was invalid.  <i>NOTE: This code is for FUTURE use.</i>
152 <b>M</b>	Race Code Change	NEW RACE CODE	A notification has been received indicating that the beneficiary's race code has changed.
153 <b>M</b>	Expiration of Temporary Address	TEMP ADR EXPIRE	Beneficiary's temporary address has expired.
154 <b>M</b>	Out of Area Status	OUT OF AREA	Beneficiary's address has changed and is no longer in the service area; or, service area has been reduced, and the beneficiary's county is no longer in the service area.
155 <b>M</b>	Incarceration	INCARCERATED	A notification has been received, indicating that the beneficiary is incarcerated.
156 <b>R</b>	Batch Transaction Rejected, User Not Authorized for Contract	BAD USR FOR PLN	A batch transaction has been submitted by a user who is not authorized to submit transactions for the contract in question.
157 <b>R</b>	Contract Not Authorized for Transaction Code	UNAUT REQUEST	An enrollment, disenrollment, change, correction, or demonstration factor update transaction attempted to process. The transaction was rejected because the plan is not authorized to submit that type of transaction.



<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
158 M	Institutional Period Change/Cancellation	INST CHANGE	CMS staff changed or cancelled an Institutional period for the beneficiary. No action required by the plan.
159 M	NHC Period Change/Cancellation	NHC CHANGE	CMS staff changed or cancelled a NHC period for the beneficiary. No action required by the plan.
160 R	Batch Transaction Rejected, User Not Authorized for Batch Submission	[Obsolete]	This transaction code is obsolete.
161 M	Beneficiary Record Alert from MBD	MBD ALERT	This unusual reply code indicates a problem with the Medicare enrollee rosters. If you receive this reply, please contact your central office support analyst for advice about how to proceed.
162 R	Invalid EGHP Flag Value	BAD EGHP FLAG	An invalid EGHP Flag value was specified on an enrollment transaction. The value must be Y or blank. The enrollment was rejected.
163 A	EGHP Flag Value Set	EGHP FLAG ON	The EGHP Flag value was set to Y by an enrollment transaction.
164 R	EGHP Flag Value not 'Y'	EGHP FLAG NOT Y	An Employer Group enrollment transaction (Code 60 transaction) was submitted with an EGHP Flag value set to a value other than 'Y'. The value must be Y for this type of transaction. The enrollment was rejected.

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
165 R	Processing Delayed	SYSTEM DELAY	Processing of this transaction has been delayed due to MARX system conditions. No action is required by the user. MARX will process the transaction as soon as possible.
166 R	Part D FBD Autoenrollment or Facilitated Enrollment Rejected	PARTD AUTO REJ	An automatic Part D enrollment of a full-benefit dual eligible beneficiary or a facilitated Part D enrollment was rejected because the CMS has a record of an 'opt out' option on file for the beneficiary.
167 M	Change in Beneficiary Low Income Premium Subsidy	NEW LIS PREMIUM	The beneficiary's Part D low-income subsidy status has changed, resulting in a change to the beneficiary's premium subsidy. The new Premium subsidy amount will be displayed in Field 24 of the Transaction Reply record.
168 M	Change in Beneficiary Low Income Cost Sharing Subsidy	NEW LIS COPAYS	The beneficiary's Part D low-income subsidy status has changed, resulting in a change to the beneficiary's co-payment levels. The new co-payment level will be displayed in Field 24 of the Transaction Reply Record. Per CR0001077.
169 R	Reinsurance Demonstration Enrollment Rejected	EMP SUBSIDY	An enrollment into a <i>reinsurance demonstration</i> has been rejected because the beneficiary has employer subsidy status. The plan should contact the beneficiary to explain the consequences of this enrollment. If the beneficiary elects to join the Part D plan anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set. CR544
170 A	Enrollment or Change Accepted; Premium Withhold Option Changed to Direct Billing	PREM WH OPT CHG	Premium withholding option has been changed to "Direct Billing" for enrollees who are retirees (transaction type 60, 61, 71 or 72). The plan should contact the beneficiary to explain the consequences of this change. CR580

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
171 R	Plan Change Rejected, Invalid Change Effective Date	BAD CHG EFF DT	Plan change (code 72 type of transaction) attempted to process. The transaction was rejected because the submitted transaction effective date was either more than three months in the future or a date not in the first of the month. The transaction should be submitted with a valid date. CR690
172 R	Change Rejected; Creditable Coverage and/or Secondary Drug Information Not Applicable	CRED COV/2RX NA	A change transaction (72) is rejected because the Creditable Coverage Information (Creditable Coverage Flag and Number of Uncovered Months) and/or Secondary Drug Information (Secondary Drug Insurance Flag, Secondary RX ID and Secondary Rx Group) are not applicable to the selected plan type (Mas and other plans without drug coverage).  CR738
173 R	Change Rejected; Premium Not Previously Set	NO PREMIUM INFO	The attempt to change a Beneficiary's Premium data element such as Premium Withhold Option for Part C or Part D, Part C Premium Amount, Part D Premium Amount, or Number of Uncovered Months rejected because the Beneficiary's Premium Enrollment was not previously established for the specified effective date. CR744
174 A	Transaction Accepted	TRN ACCEPTED	Transaction 72 is processed and accepted with none of the change fields populated in the incoming transaction. Per CR0000980
175 A	Change Accepted	SSN CHG ACCEPTED	MBD notification for change of Social Security Number is processed and accepted. Per CR0000858
176 R	Transaction Rejected: Another Transaction Accepted	TRANSACTION REJECTED	A transaction (60/61/71) attempted to process. The beneficiary request for enrollment into a different contract was rejected by membership because the beneficiary enrollment request into another contract for the same effective and application dates was successfully processed. Per CR0001009.

Code/ Type*	Title	Short Definition	Definition
177 M	Change in Late Enrollment Penalty	NEW PENALTY AMOUNT	The beneficiary's total late enrollment penalty has changed as a result of a change to the beneficiary's number of uncovered months (but there are still uncovered months), the beneficiary's LIS status, or the addition, withdrawal, or change in the CMS-granted waiver of the penalty. The new total penalty amount can be determined by subtracting fields 53 (waived amount) and 54 (subsidized amount) from field 52 (base penalty). Per CR0000619.
178 M	Late Enrollment Penalty Rescinded	PENALTY RESCINDED	The beneficiary's base late enrollment penalty has changed to \$0 as a result of the beneficiary's number of uncovered months having changed to zero. The \$0 penalty amount will be in field 52 (base penalty). Per CR0000619.
179 A	Transaction Accepted – No Change to Premium Record	NO CHNG TO PREM	Transaction (code 72) is accepted with no data change made to the beneficiary's active premium record. The premium data changes as requested by the plan change transaction are the same as the current data on the beneficiary's active premium record for the specified period. <u>No further action required. Per CR0001064.</u>
180 M	Informational Only – MARx and MBD Sync Project completed	MARX/MBD SYNC	Notification was previously provided informing Plan that this transaction was rejected. A Synchronization Project between MARx and MBD was successfully completed by processing another transaction with similar data. The original rejected transaction will not be reprocessed. <u>No further action required. Per CR1064</u>
181 M	Part D Premium Change	PTD PRM OVERRIDE	The part D premium submitted with the input transaction does not agree with plan's defined premium rate. The premium has been adjusted to reflect the defined rate. Per CR1073
182 M	Part C Premium Change	PTC PRM OVERRIDE	The part C premium submitted with the input transaction does not agree with plan's defined premium rate. The premium has been adjusted to reflect the defined rate. Per CR1074

<b>Code/ Type*</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
183 M	Dual Status Not Confirmed	DUAL STATUS NOT CONFRMD	The enrollment request of dual eligible (Medicaid and Medicare) beneficiary is processed successfully. MARX was not able to validate beneficiary's dual eligible status. Per CR1084
184 R	Enrollment Rejected, Beneficiary is in Medicaid Status	MEMB IS MEDICAID	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary is in Medicaid status. The Medicaid requirement is MCO specific ( e.g., applies only to MSA/MA and MSA/Demo plans). Per CR973.
185 A	Premium Withholding Option Change Status	WHOLD UPDATE ACCEPTED	CMS submitted a change transaction to update the premium withholding option. The request was accepted. Per CR1137.
186 R	Premium Withholding Option Change Status	WHOLD UPDATE REJECTED	CMS submitted a change transaction to update the premium withholding option. The request was rejected. Per CR1137.
199 R	Transaction Rejected – Pending	RTRN FOR RESRCH	Transaction (51/54/60/61/71/72/Notification) is rejected due to pending status of the request. This transaction was placed into a pending status due to multiple transactions were concurrently processed for the same beneficiary. Subsequent transactions may have been processed while this transaction was still pending. Therefore, the Plan must review the beneficiary current status and resubmit transaction(s) accordingly. Per CR0000912.